

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service (DOS) 01/29/01 through 07/18/01?  
b. The request was received on 01/28/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution dated 06/10/02
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60 and Response to a Request for Dispute Resolution dated 07/05/02
  - b. Carrier marked exhibits
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/25/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/26/02. The response from the insurance carrier was received in the Division on 07/08/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Letter Requesting Additional Documentation is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 06/10/02  
“(Claimant) was treated according to the spinal treatment guidelines with the most aggressive active therapy possible in a non-weight bearing environment. She was [sic] benefited with one-on-one aquatic therapy.”
2. Respondent: letter dated 07/05/02

“It is this carrier’s position the requester DID NOT substantiate the medical necessity for or the occurrence of one to one therapy for the length of time billed. For instance, this carrier allowed one unit of one to one therapy recognizing the need to follow up with the patient post the last visit and give necessary instruction for the day, however beyond the initial check and discharge of the patient for the day, the requester has not supported the need for more one to one time with the patient.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1-2), the only dates of service eligible for review are those commencing on 01/29/01 and extending through 07/18/01.
2. The Carrier’s EOBs have the denials, “**F-T,N – DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE’S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED**” and “**F – THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5.**”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
01/29/01 01/30/01 01/31/01 02/05/01 02/06/01 02/07/01 05/14/01 05/16/01 05/21/01 05/24/01 05/29/01 05/30/01 05/31/01 06/01/01 06/04/01 06/05/01	97113	\$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 \$224.00 (56.00 per unit)	\$52.00 \$52.00 \$52.00 \$52.00 \$52.00 \$156.00 \$156.00 \$104.00 \$104.00 \$52.00 \$52.00 \$52.00 \$52.00 \$52.00 \$52.00 \$52.00	F-T,N	\$52.00 per 15 minute unit	Spine Treatment Guideline (STG), Rule 134.1001 (e)(2)(A)(i) & (e)(3), MFG, CPT descriptor	Recent review of disputes involving one-on-one therapy CPT codes by the Medical Review Division indicates overall deficiencies in the adequacy of the documentation of these codes with respect to the medical necessity of the one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” The Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation and concludes, there is insufficient documentation to recommend additional reimbursement.  The documentation contains no direct statements indicating who is conducting the one-on-one session with the claimant. The activities listed do not clearly indicate which activities would require a one-on-one session. There is no documentation that mandates that the medical conditions or symptoms that the claimant presented required one-on-one supervision and documentation does not reflect the need for one-on-one supervision to taper off over time as the claimant becomes more familiar with the exercises. The therapy session reports are unsigned by the provider.
02/05/01 05/18/01	97124	\$70.00 (2 units) \$70.00 (2 units)	\$28.00 \$28.00	F-T,N	\$28.00 per unit	STG, Rule 134.1001 (e)(2)(A)(i) & (e)(3), MFG, CPT descriptor	The dispute packet contains insufficient medical documentation of the billed services. Therefore, no additional reimbursement is recommended.

02/01/01	97110	\$140.00	\$35.00	F-T,N	\$35.00	Spine Treatment	Recent review of disputes involving one-on-one therapy CPT codes by the Medical Review Division indicates overall deficiencies in the adequacy of the documentation of these codes with respect to the medical necessity of the one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." The Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation and concludes, there is insufficient documentation to recommend additional reimbursement.  The documentation contains no direct statements indicating who is conducting the one-on-one session with the claimant. There is no indication of the activities that would require a one-on-one session. There is no documentation that mandates that the medical conditions or symptoms that the claimant presented required one-on-one supervision and documentation does not reflect the need for one-on-one supervision to taper off over time as the claimant becomes more familiar with the exercises.
02/02/01		\$140.00	\$35.00		per 15	Guideline (STG),	
02/08/01		\$70.00	\$35.00		minute	Rule 134.1001	
02/09/01		\$140.00	\$35.00		unit	(e)(2)(A)(i) &	
02/20/01		\$140.00	\$35.00			(e)(3), MFG, CPT	
02/21/01		\$140.00	\$35.00			descriptor	
02/23/01		\$210.00	\$35.00				
02/28/01		\$140.00	\$35.00				
03/01/01		\$140.00	\$35.00				
03/02/01		\$140.00	\$35.00				
03/07/01		\$140.00	\$35.00				
03/09/01		\$140.00	\$35.00				
03/12/01		\$140.00	\$35.00				
03/14/01		\$140.00	\$35.00				
03/20/01		\$140.00	\$35.00				
03/22/01		\$140.00	\$35.00				
03/23/01		\$140.00	\$35.00				
03/26/01		\$140.00	\$35.00				
03/27/01		\$140.00	\$35.00				
03/28/01		\$140.00	\$35.00				
04/02/01		\$140.00	\$35.00				
04/05/01		\$140.00	\$35.00				
04/06/01		\$140.00	\$35.00				
04/09/01		\$140.00	\$35.00				
04/12/01		\$140.00	\$35.00				
05/14/01		\$140.00	\$105.00				
05/16/01		\$140.00	\$105.00				
05/18/01		\$140.00	\$105.00				
05/21/01		\$140.00	\$70.00				
05/24/01		\$140.00	\$70.00				
05/29/01		\$140.00	\$35.00				
05/30/01		\$140.00	\$35.00				
05/31/01		\$140.00	\$35.00				
06/04/01		\$70.00	\$35.00				
06/05/01		\$140.00	\$35.00				
06/27/01		\$140.00	\$35.00				
07/03/01		\$140.00	\$35.00				
07/05/01		\$140.00	\$35.00				
07/12/01		\$210.00	\$35.00				
07/18/01		\$105.00	\$35.00				
		(\$35.00					
		per 15					
		min unit)					
03/09/01	99213	\$50.00	\$0.00	F-T,N	\$48.00	MFG, E/MGR	The medical documentation included in the dispute packet does meet the requirements of the billed CPT code descriptor. Therefore, no reimbursement is recommended.
07/03/01		\$50.00	\$0.00		\$48.00	(IV)(C) & CPT descriptor	
03/14/01	99078-22	\$100.00	\$0.00	F-T,N	DOP	STG, Rule 134.1001	The dispute packet contains insufficient medical documentation of the billed service to recommend reimbursement.
03/20/01		\$100.00	\$0.00			(e)(2)(A)(i),	
03/22/01		\$100.00	\$0.00			MFG, CPT	
03/23/01		\$100.00	\$0.00			descriptor	
03/26/01		\$100.00	\$0.00				The carrier's response contains several TWCC-73s that indicate the HCP submitted and billed for TWCC-73s in excess of what is required by the referenced Rule. Therefore, no reimbursement is recommended.
03/26/01	99080-73	\$15.00	\$0.00	F	\$15.00	Texas Workers' Act & Rules, Rule 129.5	
07/03/01		\$15.00	\$0.00		\$15.00		The Requestor is not entitled to additional reimbursement.
<b>Totals</b>		\$9919.00	\$2880.00				

The above Findings and Decision are hereby issued this 4<sup>th</sup> day of October 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division